



Windsor Academy Knights

Membership Application

Parent Teacher Roundtable

PTR

Please print all information clearly

Member's Name: _____

E-mail Address: _____

Telephone Number: _____

Address: _____

Child's Name: _____ Teacher/Grade: _____

Child's Name: _____ Teacher/Grade: _____

Child's Name: _____ Teacher/Grade: _____

Member Type – Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Alumni – Class of _____ |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parent/Guardian of Student |
| <input type="checkbox"/> Staff/Teacher | <input type="checkbox"/> Parent/Guardian of Alumni |
| <input type="checkbox"/> Community Member | <input type="checkbox"/> Other: _____ |

Please check all that apply:

- ☐ Yes, I am interested in serving as an Officer
- ☐ Yes, I am interested in Volunteering
- ☐ Membership only